PRINTED: 07/24/2008

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B MANG 096217 07/11/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 817 DAHLIA STREET, NW RCM OF WASHINGTON, INC WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ΙD (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG DEFICIENCY) W 000 **INITIAL COMMENTS** W ood An initial recertification survey was conducted from July 10, 2008 through July 11, 2008 using the full survey process. Two male clients with mental retardation and developmental disabilities resides in the facility and was chosen as the sample. The survey findings were based on observations in the group home and at two day programs. interviews and a review of records, including unusual incident reports. W 124 483,420(a)(2) PROTECTION OF CLIENTS W 124 RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client. parent (If the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD Is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the right of each client or their legal guardian to be informed \Box of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for one of two clients residing in the facility. (Client #2) The finding includes: During the medication pass on July 10, 2008 at 5:57 PM, Client #2 was administered Risperdal 1 mg by mouth. Interview with the facility's

Any deficiency statement ending with an asterisk (7) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-89) Previous Versions Obsolete

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Event ID: QH\$J11

Facility ID: 09G217

TITLE

CKE) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCI AND PLAN OF CORRECTION	ES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLET	
		09G217	B. WII	NG _	·	07/11	1/2008
NAME OF PROVIDER OR SU RCM OF WASHINGTO				6	REET ADDRESS, CITY, STATE, ZIP CODE 117 DAHLIA STREET, NW WASHINGTON, DC 20011		
PREFIX (EACH DE	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
medication of behaviors. physicians of approximate psychotropic Behavior St. 2008, to add physical agginitting staff. Interview wire Officer (CO: 4:00 PM reviguardian. In Retardation she had for Client #2's in Client #2's integrated, continued from the continued from the client #2's integrated, continued from the client #2's integrated from the client #2's integrat	Nurse (was proceed of the state	RN) revealed that the escribed for maladaptive of the client's current on July 10, 2008 at PM revealed that the eations was incorporated in a Plan (BSP) dated June 30, ehaviors associated with mild in (deliberately pushing or		159	All of the consent forms were given the 2 Legal Guardian for signature. However, the legal guardian failed to signed forms in spite of many attempthe Qmrp to contact him. Refer to attachment #1 In the future, the provider will ensure guardian is informed of all the health risk of treatment associated with the psychotropic medication and correspond in the legal guardian will be informed of the individual #2 well being including condition, developmental, and behaviores.	return the ts made by that the legal benefits and use of his bonding BSP. In all ag medical	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		09G217	B. WING _		07/1	1/2008
	ROVIDER OR SUPPLIER WASHINGTON, INC		6	REET ADDRESS, CITY, STATE, ZIP CODI 17 DAHLIA STREET, NW VASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE
W 159	Continued From pa	continued From page 2 W 159				
	Based on Interviews Retardation Profess review, the QMRP f	s not met as evidenced by: s with the Qualified Mental sional (QMRP) and record alled to ensure integration, onitoring of client's active				:
	The findings include 1. The QMRP failer adaptive equipment [See W436]	d to ensure necessary was furnished for Client #2.		All of the Individual # 2 adaptive prdered. In the future the facility will ensure individual adaptive equipments are facility.	that all of the	7-24-08
		to ensure that clients active treatment services for N249]		Individual #2 home management and IPP is in place, and the staff v Refer to attachment # 2. In the future the amrp will ensure implemented timely to ensure the	vill be inserviced the the goals ar	
W 189	provided with adequemployee to perform efficiently and comp	I to ensure that staff were uate training that enables the n his or her duties effectively, petently. [See to W189] FF TRAINING PROGRAM		active treatment. All staff will be inserviced/trained of IPP objective.	n individual # 2	7-28-08
	The facility must proinitial and continuing	ovide each employee with g training that enables the m his or her duties effectively,				
	Based on observation review, the facility face employee had been	s not met as evidenced by: on, staff interview and record alled to ensure that each provided with adequate s the employee to perform his vely, efficiently and				
	· · · · · · · · · · · · · · · · · · ·					I

DEPARTMENT	OF HEALTH AND	HUMAN SER	VICES
CENTERS FOR	MEDICARE & ME	DICAID SERV	/ICES

	of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	-	IPLE CONSTRUCTION	CONSTRUCTION (C3) DATE SU COMPLE	
		09G217	B. Wit	NG _		07/1	1/2008
	ROVIDER OR SUPPLIER WASHINGTON, INC			6	REET ADDRESS, CITY, STATE, ZIP CODE 117 DAHLIA STREET, NW NASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
W 189	Continued From pa The findings include	-	W	189			
W 249	effective training or Individual Program	ensure that staff had received implementing Client #2's Plan objective. [See W249] GRAM IMPLEMENTATION	W;	249		· ,	
	formulated a client each client must re treatment program interventions and s and frequency to si	rdisciplinary team has s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program					
	Based on observat review, the facility f	is not met as evidenced by: lons, interview and record failed to ensure Client #2 s active treatment services.					
	care staff was obseroom table after Clidinner meal. At no Client #2 to wipe of dinner meal. Intervion July 10, 2008 re	t approximately 6:19 PM, direct erved wiping off the dining lent #2 had completed his time did staff encourage if the table after completing the view with the direct care staff evealed that Client #2 had an if the table after dinner with			Individual #2 home management (and IPP is in place, and the staff wi Refer to attachment # 2. In the future tha qmrp will ensure th implemented timely to ensure the coactive treatment.	ll be inservice e goasl are ntineous	
	(IPP) dated June 2 9:18 AM revealed a	l's Individual Program Plan 6, 2008 on July 11, 2008 at a program that stated "the able after dinner with physical					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G217	B, WING		07/4	- 10000
NAME OF P	ROVIDER OR SUPPLIER	000217		REET ADDRESS, CITY, STATE, ZIP CODE		1/2008
	Washington, inc		(917 DAHLIA STREET, NW WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(XS) COMPLETION DATE
W 249	Continued From pa	ge 4	W 248			
W 263	month for three cor the staff in service to 2008 revealed that implementing Clien June 14, 2008. The training had been e	off on 80% recorded trails per a secutive months. Review of training records on July 11, staffs had received training on t #2's program objectives on the ere was no evidence that offective. OGRAM MONITORING &	W 263	Individual #2 home management and IPP is in place, and the staff v Refer to attachment # 2. In the future tha qmrp will ensure implemented timely to ensure the active treatment.	vill be inservice the goals are	
	are conducted only	uld insure that these programs with the written informed it, parents (if the client is a rdian.				
W 436	Based on observation review, the facility's committee (Hurnan ensure that restriction with written consentincluded in the same The finding included. The facility's hurnar ensure that informet for the use of Behalincorporated the use medications. Intervential medications and the signed his by a guates 483.470(g)(2) SPACT The facility must full committee.	rights committee failed to ed consent had been obtained avior Support Plan (BSP) that e of prescribed psychotropic view with Qualified Mental sional (QMRP) revealed that eve written informed consent rdian. [See W124] CE AND EQUIPMENT	W 436	All of the consent forms were given # 2 Legal Guardian for signature. However, the legal guardian failed signed forms in spite of many attenthe Qmrp to contact him. Refer to attachment #1 In the future, the provider will enguaridan is informed of all the hearisk of treatment associated with the psychotropic medication and correct the legal guardian will be informed the individual #2 well being includicondition, developmental, and beh	to return the mpts made by sure that the let the benefits and use of his esponding BSP. I on all ng medical	
	and teach clients to	use and to make informed use of dentures, eyeglasses,				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		PLE CONSTRUCTION	(X3) DATÉ SI COMPLE		
		09G217	B. WIN	IG		07/1	1/2008	
	ROVIDER OR SUPPLIER WASHINGTON, INC			61	EET ADDRESS, CITY. STATE. ZIP CODE 17 DAHLIA STREET, NW (ASHINGTON, DC 20011		`	
(X4) IÓ PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE		
W 436	hearing and other of and other devices interdisciplinary tear This STANDARD Based on observatifailed to ensure newas furnished for of in the sample. (Climate The finding include The facility failed to provided with the requipment as evide On July 10, 2008 a served chicken breadiled potatoes froguard at his day probserved to spill very observation of the at approximately 6.	communications aids, braces, dentified by the im as needed by the client. Is not met as evidenced by: ion and interview, the facility cessary adaptive equipment one of the two clients included ent #2) Is: I ensure that Client #2 was accommended adaptive feeding	W 4		Refer to W 159 P.3		7-24-08	
	meal to push Clien	erved throughout the dinner t #2's food back to the middle in additional spoon to avoid				,		
	Professional (QMR plate guard was loo his previous provid they were not able which Client #2 tra	Qualified Mental Retardation P) revealed that Client #2's cked up in the dish washer with er. The QMRP indicated that to get back into the home in instituted from to retrieve the MRP further indicated that the			Refer to W 159 P.3		7-24-08	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SU COMPLE	JRVEY :TED	
		09G217	B. WING		07/1	1/2008	
	RÖVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CO 617 DAHLIA STREET, NW WASHINGTON, DC 20011	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) GOMPLETION DATE	
W 436	Review of Client #2 approximately 4:30	another plate guard, 's record on July 10, 2008 at PM revealed an Occupational	W 43	Refer to W 159 P.3	· · · · · · · · · · · · · · · · · · ·	7-24-08	
W 454	According to the O'	rent (OT) dated May 15, 2008. T assessment, Client #2 use his scoop dish while CTION CONTROL	W 48	54			
,	to avoid sources ar This STANDARD	ovide a sanitary environment and transmission of infections. is not met as evidenced by: ion, interview and record					
	review, the facility in prepared food in a The finding include On July 10, 2008 a pack of meat was a sink. The meat reristanted preparing discontinuately 3 in House Manager rechave been taken or before dinner becauthick. Further interrevealed that staff inside the refrigeration.	ailed to ensure that each staff sanitary conditions at all times. s: It approximately 1:30 PM, a observed thawed out inside the mained in the sink until staff inner at 4:30 PM tours later. Interview with the vealed that the meat should ut of the freezer a few minutes use the meat was not that view with the House Manager should have placed the meat tor after it had thawed out. ence that the facility ary environment to avoid		All staff were inserviced/trained Refer to attachment #3 Several staff will attend the Foo Class. 8-04-08 In the future the management the facility maintains a sanitan avoid sources and transmission	od Handling Traini will ensure that to environment to	ng :	
		-			•		

STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		09G217		B. WING_			07/11	/2008
	ROVIDER OR SUPPLIER WASHINGTON, INC		STREET ADDR 617 DAHLIA WASHINGT	STREET				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICIE	ACTION SHOL TO THE APPR	JLD BE	(X5) COMPLETE DATE
1 000	INITIAL COMMEN			1 000	•			
	July 10, 2008 throu residents with vario	re survey was conducting the July 11, 2008. Two subsequents of the develor in the facility and was	vo male opmental	•		·		7 12 1, 14 7 19 1, 16 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	in the group home	s were based on obse and at two day progre view of records, inclus ports.	ams,			•		
i 052	3502.10 MEAL SE	RVICE / DINING ARI	EAS	1052	,			
	tables, chairs, eati	Il equip dining areas on the state of the st	es				1.	• • • • • • • • • • • • • • • • • • •
	Based on observat failed to ensure ne was furnished for o	t met as evidenced by tion and interview, the cessary adaptive equ one of the two resider nple. (Resident #2)	e GHMRP				.· .·	· · · · ·
	The finding include	es:						
		o ensure that Resider recommended adaptivenced below:						ι
	served chicken bro boiled potatoes fro guard at his day pi observed to spill vo Observation of the at approximately 6 ate from a regular	at 11:41 AM, Resident past pattle, collard groom a scoop dish with rogram. Resident #2 ery little food while feed dinner meal on the second PM revealed Respiate with no plate gu	eens, and a plate was eding. same day sident #2		Refer to W 159 P.3			7-24-08
Health Remu	lation Administration	Almin a.n	 -	-	A CA XITLE	۸ ، ۸		D(5) DATE

I ABORATORY DIRECTOR'S OR PROVIDER'S UPPLIER REPRESENTATIVE'S SIGNATURE

by Lam

director 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ICENTIFICATION NUMBER:		(X2) MULT A. BUILDIN B. WING	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		09G217				07/1	1/2008
NAME OF P	ROVIDER OR SUPPLIER		•		STATE, ZIP CODE		`
RCM OF	Washington, Inc		617 DAHLI WASHINGT	ON, DC 2	0011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST SE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
1 052	Continued From pa	ıge 1		1 052		,	,
	dinner meal to push	ns observed throughon n Resident #2's food ate using an addition spillage.	back to				
Interview with the Qualified Mental Retardation Professional (QMRP) revealed that Resident #2's plate guard was not transferred from his previous							
4- 1				Refer to W 159 P.3		7, 24, 08	
1 056	Each GHMRP shall preparation and se	RVICE / DINING ARI Il train staff in the sto rving of food, the cle	rage, aning and	1 056			
l .	to maintain sanitar	and food preparation y conditions at all tim met as evidenced by	es.				
	Based on observation review, the GHRM	tion, interview and re- P failed to ensure that I in a sanitary manne	cord nt each				
	The finding include	es:				•	- Att 1
Nealth Regul	pack of meat was	t approximately 1:30 observed thawed out mained in the sink un linner at 4:30 PM	inside the		,	· · · · · · · · · · · · · · · · · · ·	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING		(X3) DATE SURVEY COMPLETED		
		09G217		B. WING		07/11/	2008
NAME OF P	ROMDER OR SUPPLIER				TATE, ZIP CODE	*	ļ
RCM OF	WASHINGTON, INC		617 DAHLIA WASHINGT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX • TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE	
1 056	House Manager re- have been taken of before dinner beca thick. Further inter revealed that staff inside the refrigera There was no evide prepared food cons to avoid sources as	rours later). Interview vealed that the meat ut of the freezer a few use the meat was no view with the House should have placed to after it had thawe ence that the GHRMI sistently in a sanitary and transmission of interview of the contract of the contrac	with the should with minutes at that Manager he meat dout.	I 056	All staff were inserviced/trained on for Refer to attachment #3 Several staff will attend the Food Ha Class In the future the management will a the facility maintains a sanitary enviation of in	ndling Trainin ensure that th ronment to	g 8-04-08
1 095	a locked cabinet at of each resident. This Statute is not Based on observatine GHMRP failed were stored in a local During the environ 2008 several caus	austic agent shall be nd shall be out of dire t met as evidenced by tion and interview rev to ensure that causti cked cabinet.	stored in ect reach y: realed that c agents July 11, rved		All staff were inserviced on the hand agents. Currently all of the caustic ag stored in the locked cabinet. Refer to attachment # 4. In the future the facility will ensure to caustic agents are stored in the locke	ents have be	
) 203	descriptions with e employment and a This Statute is not Based on record re	IEL POLICIES half discuss the conteract employee at the at least annually there t met as evidenced beview, the GHMRP fariew current job description	beginning eafter. y: alled to	1 203			. ,

QH5J11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A BUILDIN	FLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		09G217		B. WING_		07/11/2008		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE	X		
RCM OF	WASHINGTON, INC			ILIA STREET, NW IGTON, DC 20011				
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1 203	Continued From pa	ge 3		1 203				
	The findings Include: Review of the personnel files conducted on July 10, 2008, at 4:12 PM, revealed the GHMRP falled			All of the personnel files will be updated	red by 8-01-(ns		
,	10, 2008 at 4:12 PM, revealed the GHMRP falled to provide evidence of current signed job descriptions for two staff at the time of the survey.				In the future the mamgement will en all of the personnel files are updated, information is availble upon request.	sure that		
1 206	1 206 3509.6 PERSONNEL POLICIES			1 206				
	Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.		ician ' s ceen alth status					
	Based on Interview GHMRP failed to e. health certificates o		ne					
	The findings includ	₽.	l		All of the personnel files will be update	ted by 8-01-0	, 1	
	July 11, 2008, reve	ersonnel files conduc aled the GHMRP fail f current health certi	ed to		In the future the mamgement will en all of the personnel files are updated, information is available upon request.	sure that and that the	0	
	July 11, 2008, reve provide evidence of	ersonnel files conduct aled the GHMRP fail f current health certi the time of the surve	ed to ficates for		The Pharmacist health certificate is of Refer to attachment # 5	current		
Health Recul	ation Administration	· · · · · · · · · · · · · · · · · · ·						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G217		B. WING_		07/11	1/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		\
RCM OF	WASHINGTON, INC		617 DAHL WASHING	IA STREET TON, DC 2	, NW 0011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
1 227	Continued From pa	ge 4		l 227			
1 227	3510.5(d) STAFF T	RAINING	i	1 227	-	,	
	Each training progra limited to, the follow	am shall include, but ring:	not be			·	•
·	(c) Infection control for staff and residents; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current training in First Aid and CPR for employees. The findings include:		ts;				
				The employees will have their CPR, The next CPR and First Aids calsses on 8-17, and 8-30-08 In the future rhe facility will ensure	will be offere	d	
			}		have current training in CPR and firs	t Aid.	,
·		ords revealed four stumentation of First A				,	
1 422	3521.3 HABILITATI	ON AND TRAINING		1 422			
	and assistance to n	l provide habilitation, esidents in accordan vidual Habilitation Pla	ce with			,	
	Based on observati review, the GHRMF	met as evidenced by ons, interview and re pailed to ensure eaced continuous active	cord				
	direct care staff was dining table after Re dinner meal. At no	approximately 6:19 s observed wiping off esident #2 had comp time did staff encour	the leted his age		Individual #2 home management (and IPP is in place, and the staff will Refer to attachment # 2. In the future the amp will ensure the captive treatment.	II be inservice he goals are	
Health Regul	the dinner meal. In	off the table after co terview with the direct of revealed that Resi	tcare				

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			i) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
09G217			B. WING		07 <u>/</u> 11/20 <u>08</u>			
					STATE, ZIP CODE	•	`	
RCM OF WASHINGTON, INC 617 DAHLIA STREET, NW WASHINGTON, DC 20011								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PRĒFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
J 422	had an objective to with assistance. Review of Resident (IPP) dated June 20 9:18 AM revealed a resident will wipe the physical assistance trails per month for Review of the staff July 11, 2008 reveatraining on Impleme objectives on June	ge 5 wipe off the table after #2's Individual Program that stated to table after dinner we from staff on 80% rethree consecutive main service training received that staff had recenting Resident #2's part 14, 2008. There was not had been effective that staff had recently had been effective that staff had recently had been effective that the staff had been effec	er dinner ram Plan 008 at "the ith ecorded onths. cords on eived orogram s no	1422	Individual #2 home management Grand IPP is in place, and the staff will Refer to attachment # 2. In the future tha qmrp will ensure the implemented timely to ensure the coactive treatment.	be inservice e goal are	d 7-28-08	
Tealth Regul	ation Administration						WT 17-	